



PROPOSED RULE MAKING

CR-102 (June 2004)

(Implements RCW 34.05.320)

Do **NOT** use for expedited rule making

Agency: Department of Social and Health Services, Aging & Disability Services Administration

- ☒ **Preproposal Statement of Inquiry** was filed as WSR 10-04-114;
☐ **Expedited Rule Making--Proposed notice** was filed as WSR _____; or
☐ **Proposal is exempt under RCW 34.05.310(4).**

- ☒ **Original Notice**
☐ **Supplemental Notice to WSR**
☐ **Continuance of WSR**

Title of rule and other identifying information: (Describe Subject)

The department is proposing amendments to the following sections:

WACs 388-78A-2450 Staff; 388-78A-2470 Criminal history disclosure and background checks; 388-78A-2490 Specialized training for developmental disabilities; 388-78A-2500 Specialized training for mental illness; 388-78A-2510 Specialized training for dementia; 388-78A-2550 Administrator training documentation; 388-78A-2750 Application process; 388-78A-3190 Denial, suspension, revocation, or nonrenewal of license statutorily required.

The department is proposing the following new sections:

WACs 388-78A-2461 Background check -General; 388-78A-2462 Background check-Washington State-Who is required to have; 388-78A-2463 Background check- National fingerprint checks-who is required to have; 388-78A-2464 Background check-process; 388-78A-2465 Background check-Results. 388-78A-2466 Background check-valid for two years; 388-78A-2467 Background check-sharing by health care facilities; 388-78A -2468 Background check-conditional hire-pending results; 388-78A-2469 Background check-disclosure statement; 388-78A-2471 background check-confidentiality-use restricted-retention; 388-78A-2474 training and home care aide certification.

Hearing location(s):

Office Building 2 - Auditorium
 (DSHS Headquarters)
 1115 Washington
 Olympia, WA 98504
 Public parking at 11th and Jefferson. A map is available at:
<http://www1.dshs.wa.gov/msa/rpau/RPAU-OB-2directions.html>
 or by calling 360-664-6094.

Date: **June 22, 2010** Time: **10:00 a.m.**

Submit written comments to:

Name: DSHS Rules Coordinator
 Address: PO Box 45850, Olympia WA, 98504-5850
 Delivery: 4500 – 10th Ave. SE, Lacey, Washington 98503
 E-mail: DSHSRPAURulesCoordinator@dshs.wa.gov
 Fax: (360) 664-6185

By:

5 p.m. on June 22, 2010

Assistance for persons with disabilities: Contact Jennisha Johnson, DSHS Rules Consultant by June 8, 2010

TTY (360) 664-6178 or (360) 664-6094 or
 by e-mail at johnsjl4@dshs.wa.gov

Date of intended adoption: Not earlier than June 23, 2010

(Note: This is **NOT** the **effective** date)

Purpose of the proposal and its anticipated effects, including any changes in existing rules:

The purpose of this proposed rule making is to implement Chapters 74.39A and 18.88B RCW as codified from Initiative Measure No. 1029 and Engrossed Second substitute House Bill 2284 (E2SHB 2284) Chapter 361, Laws of 2007.

Purpose and reasons for the proposed changes:

- Revisions to be consistent with the training requirements in Chapter 388-112 WAC.
- Revisions to implement the finger print-based check requirements effective January 1, 2012.
- Chunked and clarified the criminal history background check section to make it easier to read and understand.

Reasons supporting proposal:

- To have the rules comply with the statutes referenced above.

Statutory authority for adoption:

RCW 18.20.090

Statute being implemented:

Chapter 18.20 RCW

Is rule necessary because of a:

- | | |
|--|--|
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Federal Law? | <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Federal Court Decision? | <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> State Court Decision? | <input checked="" type="checkbox"/> No |

If yes, CITATION:

DATE

April 30, 2010

NAME

Katherine Vasquez

SIGNATURE

TITLE DSHS

Rules Coordinator

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
 STATE OF WASHINGTON
 FILED

DATE: May 05, 2010

TIME: 9:10 AM

WSR 10-10-119

(COMPLETE REVERSE SIDE)

Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters:

None.

Name of proponent: (person or organization) Department of Social and Health Services

- ☐ Private
☐ Public
☒ Governmental

Name of agency personnel responsible for:

Name	Office Location	Phone
Drafting.....Judy Johnson.	P.O. Box 45600, Olympia, WA 98513	(360) 725-2591
Implementation...Lori Melchiori	P.O. Box 45600, Olympia, WA 98513	(360) 725-2404
Enforcement Lori Melchiori	P.O. Box 45600, Olympia, WA 98513	(360) 725-2404

Has a small business economic impact statement been prepared under chapter 19.85 RCW?

☒ Yes. Attach copy of small business economic impact statement.

A copy of the statement may be obtained by contacting:

Name: Judy Johnson, Boarding Home Program Manager
Address: P.O. Box 45600, Olympia, WA 98504-5600

phone (360) 725-2591
fax (360) 438-7903
e-mail johnsjm1@dshs.wa.gov

☐ No. Explain why no statement was prepared.

Is a cost-benefit analysis required under RCW 34.05.328?

☒ Yes A preliminary cost-benefit analysis may be obtained by contacting:

Name: Judy Johnson, Boarding Home Program Manager
Address: P.O. Box 45600, Olympia, WA 98504-5600

phone (360) 725-2591
fax (360) 438-7903
e-mail johnsjm1@dshs.wa.gov

☐ No: Please explain: